TAXABLE YEAR

CALIFORNIA FORM

If joint neturn, spouse % RDP's life-same Miss Last name Speede WHDP's SNN or TINN Address (including number and street, PO Box, or PRP-sq) Apt. no./Sic. no. Apt. no./Sic.	Amended	d Individual Income Tax Retu	urn 540X		
If joint resum, spouse %RDPs (The same Interest Last name Spoese whith Ps SSN or TRN	Fiscal year filers only: Enter month	n of year end year	BE SURE TO COMPLETE AND SIGN SI		
Address (including number and steet, PO Box, or Portsup) Apt. no/Six no.	Your first name				
Address (including number and steet, PO Box, or Portsup) Apt. no/Six no.					
Apt no/Ste. no. Apt no/Ste. no/Ste. no. Apt no/Ste. no.	If joint return, spouse's/RDP's first name	Initial Last name	Spouse's/RDP's SSN or ITIN		
a Have you been advised that your original federal return fas been, is being, or will be audited? Pfiling status claimed. On original return ▶ O Single Married/RDP filing jointly Married/RDP filing separately Head of household Qualifying widow(er) On this return ▶ O Single Married/RDP filing jointly Married/RDP filing separately Head of household Qualifying widow(er) If for the year you are amending, you (or your spouse RDP) can be claimed as a dependent on someone sises tax set return. (Ill in the crice) If you are amending Form 540NR, see General Information B before continuing. If you are amending Form 540 EEZ, see the instructions for lines - through 6. If you are amending Form 540 EEZ, see the instructions of lines - through 6. If you are amending Form 540 EEZ, see the instructions of lines - through 6. If you are amending Form 540 EEZ, see the instructions of lines - through 6. If you are amending Form 540 EEZ, see the instructions of lines - through 6. If you are amending Form 540 EEZ, see the instructions of lines - through 6. If you are amending Form 540 EEZ, see the instructions on Form 540A or Sch. CA (540). 1 a State wages. See instructions 1 a State wages. See instructions 1 b Federal A6g. See instructions 1 b Tube - Federal A6g. See instructions or Form 540A or Sch. CA (540). 2 California nontixable interest income 2 b State income tax return 2 c See State income tax return 2 c Scalaromia adjustments. Combine line 2 although line 2 e. See instructions 3 c See instructions 4 c California adjusted pross income. Combine line than off line 3. See instructions 5 Tax and a form of the form line 4 file sels than zero, enter -0. 9 a Tax method used for Column 6. See instructions 6 Taxable income. Subtract line 6 from line 4 file sels than zero, enter -0. 9 a Tax method used for Column 6. See instructions 10 Tax form Scholar Best Instructions 11 1 11 11 11 11 11 11 11 11 11 11 11					
a Have you been advised that your original federal return-flas been, is being, or will be audited? On this return ▶ ○ Single	Address (including number and street, PO E	Box, or PMB no.)	Apt. no./Ste. no.		
a Have you been advised that your original federal return-flas been, is being, or will be audited? On this return ▶ ○ Single	City.		A A		
b Filing status claimed. On original return ▶ O Single	City		State ZIP Code		
b Filing status claimed. On original return ▶ O Single					
On original return Single Married/RDP filing jointly Married/RDP filing separately Head of household. Qualifying widow(er) If for the year you ard amending, you (or your spouse/RDP) can be claimed as a dependent on semeone see's tax return, fill in this circle. If for the year you ard amending, you (or your spouse/RDP) can be claimed as a dependent on semeone see's tax return, fill in this circle. If you are amending Form 540NR, see General Information D before continuing. If you are amending Form 540NR, see General Information D before continuing. If you are amending Form 540NR, see General Information D before continuing. If you are amending Form 540 2EZ see the instructions for lines I through 6-1 th	a Have you been advised that your ori	ginal federal return has been, is being, or will be audited?	O Yes O No		
this return	b Filing status claimed.				
to the year you ard amending, you (or your spouse/RDP) can be claimed as a dependent on signe-one size's tax return, fill in this circle. If claiming fixed of household, enter name and relationship of qualifying person on: Amended return Amended return					
If claiming-fried of household, enter name and relationship of qualifying person on: Amended return If you are amending Form 540NR, see General Information D before centinning. Hyou are amending Form 540 SE2, see the instructions for lines 1-through 6. If you are amending Form 540 SE2, see the instructions for lines 1-through 6. If you are amending Form 540 SE2, see instructions I a State wages. See instructions I a b Federal AGE, See instructions I a b Federal AGE, See instructions I a California nontaxable interest income a California in nontaxable interest income a California dajusted gross income Combine line 2a through line 2e. See instructions I a California adjusted gross income. Orabine line 2a through line 2e. See instructions I a Tax method used for Column C. See instr					
Hyeu are amending Form 540RR, see General Information B before continuing. Hyeu are amending Form 640 2EZ, see the instructions for lines I through 6. If you are amending Forms 640-640A attach a cepy of your revised return and schedules to your Form 540X. And a complete cepy of your revised return and schedules to your Form 540X. And a complete cepy of your revised return and schedules to your Form 540X. And a complete cepy of your revised return and schedules to your Form 540X. And a complete cepy of your revised return and schedules to your Form 540X. And a complete cepy of your revised return and schedules to your Form 540X. And a complete cepy of your revised return and schedules to your Form 540X. And a complete cepy of your revised return and schedules to your Form 540X. And a complete cepy of your revised return and schedules to your Form 540X. And a complete cepy of your revised return and schedules to your Form 540X. And a complete cepy of your revised return and schedules to your Form 540X. And a complete cepy of your revised return and schedules to your Form 540X. And a complete revision Schedules for the form 1 to 1 t					
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1 a State wages. See instructions 1a	amending Form 540 2F7, see the instruction	ons for lines 1 through 6. If you are amending As origin	inally reported/ Net change Correct amount		
1 a State wages. See instructions 1b 1b 1b 1b 1b 1c 1a b Federal AGI, See instructions on Form 540A or Sch. CA (540). a California nontaxable interest income 2a	a complete copy of your federal return if o	Asea return and schedules to your Form 540X. And some was filed.			
b Federal AGI, See instructions	a complete copy of your roderal rotalli, if o	TO Mac mod.			
b Federal AGI, See instructions	1 a State wares See instructions	12	A 12		
2 CA adjustments. See specific instructions on Form 540A or Sch. CA (540). a California nontaxable interest income. b State income tax refund. 2 D c Unemployment compensation c Unemployment Compensa					
a California nontaxable interest income			10		
b State income tax refund			2a		
c Unemployment compensation 2c d Social Security benefits 2d					
d Social Security benefits					
e Other (list) 3 Total California adjustments. Combine line 2a through line 2e. See instructions					
3 Total California adjustments. Combine line 2a through line 2e. See instructions 3 4 California adjusted gross income. Combine line 1 b and line 3. See instructions 4 5 California itemized deductions or California standard deduction. See instructions 5 6 Taxable income. Subtract line 5 from line 4. If less than zero, enter -0 6 6 7 a Tax method used for Column C. See instructions 7b					
4 California adjusted gross income. Combine. line 1b and line 3. See instructions	* *				
5 California itemized deductions or California standard deduction. See instructions 5 6 Taxable income. Subtract line 5 from line 4. If less than zero, enter -0	•				
6 Taxable income. Subtract line 5 from line 4, if less than zero, enter -0	,				
7 a Tax method used for Column C. See instructions			6		
b Tax. See instructions. 7b					
b Tax. See instructions. 7b	7 a Tax method used for Column C.	See instructions	T ○ FTB 3800 ○ FTB 3803 ●7a		
9 Subtract line 8 from line 7b. If less than zero, enter -0	b Tax. See instructions	7b	● 7b		
10 Tax from Schedule G-1 and form FTB 5870A. See instructions	8 Exemption credits. See instructions	8			
11 Add line 9 and line 10	9 Subtract line 8 from line 7b. If less t	han zero, enter -0 9	9		
12 Special credits and nonrefundable renter's credit. See instructions			● 10		
13 Subtract line 12 from line 11			11		
Mental Health Services Tax, see instructions			● 12		
Mental Health Services Tax, see instructions	13 Subtract line 12 from line 11	13			
Total tax. Add line 13, line 14, and line 15. If amending Form 540NR, see instructions California income tax withheld. See instructions California real estate or nonresident withholding. See instructions 18 Excess California SDI (or VPDI) withheld. See instructions 19 Estimated tax payments and other payments. See instructions 20 Child and Dependent Care Expenses or Other Refundable Credits. See instructions 21 22 Tax paid with original return plus additional tax paid after it was filed 25	14 Other taxes (alternative minimum ta	x, credit <u> </u>			
If amending Form 540NR, see instructions			● 15		
17 California income tax withheld. See instructions					
18 California real estate or nonresident withholding. See instructions					
19 Excess California SDI (or VPDI) withheld. See instructions					
20 Estimated tax payments and other payments. See instructions					
21 Child and Dependent Care Expenses or Other Refundable Credits. See instructions. 21 22 23 24 \$ 25 Tax paid with original return plus additional tax paid after it was filed					
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25 Tax paid with original return plus additional tax paid after it was filed	Z1 Uniid and Dependent Care Expenses	or utner ketundable credits. See instructions. 21	■21		
25 Tax paid with original return plus additional tax paid after it was filed	• 22	A 22	24 ¢		
		ditional toy paid offer it was filed	Z4 \$		

	ur name:	Your SSN or ITIN:			
27	Overpaid tax, if	any, as shown on original return or as previously adjusted by the FTB. See instructions	= 27		
28	tract line 2 7	from line 26, If line 27, is more than line 26, see instructions	28 <u></u>		
29	Use tax paymen	ts as shown on original return. See instructions	• 29 ,		
30	Voluntary contri	butions as shown on original return. See instructions	• 3 0		
31	Subtract line 29	and line 39, from line 28,	31 _/		
32		DWE. If line 16, column C is more than line 34, enter the difference			
		ions■32 _χ			
•	1	st. See instructions: Penalties 33 a Interest 33 b	■ 33 _, c		
		16, column C is less than line 3½ enter the difference. See instructions ■ 34			
_		ents or Part-Year Residents Only			
		and after, enter amounts from your revised Short or Long Form 540NR. Your amended return of	annot be processed without this information.		
		s attach your revised Short or Long Form 540NR and Schedule CA (540NR).	_		
		unt from Short or Long Form 540NR, line 11			
		I gross income from Short or Long Form 540NR, line 13			
		income from all sources from Short or Long Form 540NR, line 17			
	Itemized deductions or standard deduction from Short or Long Form 540NR, line 18				
	California adjusted gross income from Short or Long Form 540NR, line 21				
	7 Special credits (from Long Form 540NR, lines 32, 33, or 34) and nonrefundable renter's credit from Short and				
•		NR, line 35 (Combine)	7		
8		mum tax from Long Form 540NR, line 39			
9	Mental Health S	ervices Tax (tax years 2005 and after) from Long Form 540NR, line 40.	9		
10		credit recapture from Long Form 540NR, line 41			
	art II Explanati				
1		nd address as shown on original return below (if same as shown on this return, write "Same").	If changing from		
•		s to a joint return, enter names and addresses from original returns.	ir changing from		
	ooparato rotarrio	to a joint rotain, onto hamos and addresses from original rotains.			
2 a If you filled in the circle for "Yes," on Side 1, question a, are you filing this Form 540X to report a final federal determination?					
	b If the answer to question 2a above is "Yes," are you filing this Form 540X to report additional tax due within six months of the final				
	federal determination?				
c If the answer to question 2a above is "Yes," what is the date and tax change amount of the final federal determination?					
Date Tax change amount					
3		Have you been advised that your original California return has been, is being, or will be audited?			
4	•	mended return with the Internal Revenue Service on a similar basis? See General Information E			
5		nges to income, deductions, and credits in the space provided below. If additional space is needed, atta			
		e 1 for each item you are changing. Attach all supporting forms and schedules for items changed. Incl			
	your federal return. Be sure to include your name and social security number or individual taxpayer identification number on each attachment. Refer to the tax booklet for the year you are amending.				
		Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return	n including accompanying schedules and statements		
S	ian	and to the best of my knowledge and belief, this amended return is true, correct, and complete. Your signature (if filling jointly, both must sign	Doutime phone number (entional)		
H	ign lere	Spouse simbles signature (it limity jointly, both must sign) Daytime priorie number (optional)		
		V	()		
	s unlawful orge a	X X	Date Paid preparer's SSN/PTIN		
spo	ouse's/RDP's	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	Paid preparer's SSIV/PTIN		
Sigi	nature.	Firm's name (or yours if self-employed) Firm's address	FEIN		
		Timo name (of yours it self-employed) Timo addless	• _		
147	hara ta Eila	Do not file a duplicate amended return unless one is requested. This may cause a delay in processing	your amended return and any claim for refund		
	here to File orm 540X	If you are due a refund or have no amount due, mail your return to: FRANCHISE TAX BOARD, PO B			
1 0	IIII UHUA		BOX 942867, SACRAMENTO CA 94267-0001		
		, ,			